Acute Care Workgroup
Comparison of Hospital Readmission Measures 1768 and 1789
August 18, 2014

Background: During the August 6, 2014 Acute Care workgroup meeting, the members requested a comparison of two readmission measures: Plan All-Cause Readmissions (NCQA, PCR, NQF 1768) and Hospital-Wide, All-Cause Unplanned Readmissions (CMS, HWR, NQF 1789). When the measures were developed, NCQA worked with CMS to ensure that the measures assessed readmissions in the same way. The table below summarizes the differences between the two measures. However, it is important to know that these measures are currently in a state of flux. NQF is in the process of evaluating measures related to all-cause admissions and hospital readmissions that can be used for accountability and public reporting for all populations and in all settings of care. As a part of this process, they are updating measure 1789 to incorporate findings from CMS's "dry run" of the measure and to harmonize it with measure 1768. NQF plans to vote and release new endorsement details for the readmission measures in September (10th-24th).

Primary differences between the measures:

1. Target of measurement (health plan vs. hospital)
2. The reporting format
3. Approach to risk adjustment

In addition, as noted below, the Alliance currently uses the NCQA measure and has added an additional component to it that looks at whether there has been an outpatient visit between discharge and readmission. Hospitals report on the CMS measure as part of Hospital Compare.

NQF #	1768	1789
Title	Plan All-Cause Readmissions	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
Steward	NCQA (HEDIS)	CMS/ Yale University
Summary	Counts the number of inpatient stays for patients 18 years and older that were followed by a readmission (for any reason) within 30 days during the measurement year. This count of readmissions is compared to the predicted probability of readmissions	Reports a (risk adjusted) rate of patients that have been readmitted to a specific hospital for an unplanned reason within 30 days of the initial hospital discharge.

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Title	Plan All-Cause Readmissions	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
	for that population.	
Target of measurement	Health plans (both Commercial and Medicare)	Hospitals (created for the Medicare population but tested and used in the broader 18+ population)
Reporting format	Reports an observed to expected ratio for an organization. In other words, it divides the readmissions that occurred within an organization by the readmissions that would be expected for that organization. If the result is less than 1.0 then the health plan is performing better than expected, if the result is greater than 1.0 it means that the organizing is performing worse than expected. For example, if ABC health plan has a ratio of .64, it means that they have fewer readmissions that expected.	Risk-standardized rate of 30 day unplanned all-cause readmissions For example, the unplanned rate of readmissions for ACME hospital is 17.2% which is worse than XYZ hospital that has a readmissions rate of 16%.
Description	For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays (IHS) (denominator). 2. Count of 30-Day Readmissions (numerator). 3. Average Adjusted Probability of Readmission.	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare fee-for-service (FFS) claims and subsequently tested and specified the measure for patients aged 18 years and older using all-payer data. We used the California Patient Discharge Data (CPDD), a large database of patient hospital admissions, for our all-payer data.

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Title	Plan All-Cause Readmissions	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
Numerator Statement	At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	(Note: This outcome measure does not have a traditional numerator and denominator like a core process measure (e.g., percentage of adult patients with diabetes aged 18-75 years receiving one or more hemoglobin A1c tests per year); thus, we use this field to define the measure outcome.) The outcome for this measure is unplanned all-cause 30-day readmission. We defined a readmission as an inpatient admission to any acute care facility which occurs within 30 days of the discharge date of an eligible index admission. All readmissions are counted as outcomes except those that are considered planned.
Denominator Statement	For commercial health plans, ages 18-64 as of the Index Discharge Date. For Medicare ages 18 and older as of the Index Discharge Date.	This claims-based measure can be used in either of two patient cohorts: (1) admissions to acute care facilities for patients aged 65 years or older or (2) admissions to acute care facilities for patients aged 18 years or older. We have tested the measure in both age groups.
Denominator Exclusions	Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date and any inpatient stay with a discharge date in the 30 days prior to the Index Admission Date.	We exclude from the measure all admissions for which full data are not available or for which 30-day readmission by itself cannot reasonably be considered a signal of quality of care. Exclusions: 1. Admissions for patients without 30 days of post-discharge data Rationale: This is necessary in order to identify the outcome (readmission) in the dataset. 2. Admissions for patients lacking a complete enrollment history for the 12 months prior to admission Rationale: This is necessary to capture historical data for risk adjustment. 3. Admissions for patients discharged against medical advice

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		(AMA) Rationale: Hospital had limited opportunity to implement high quality care. 4. Admissions for patients to a PPS-exempt cancer hospital Rationale: These hospitals care for a unique population of patients that is challenging to compare to other hospitals. 5. Admissions for patients with medical treatment of cancer (See Table 3 in Section 2a1.9) Rationale: These admissions have a very different mortality and readmission profile than the rest of the Medicare population, and outcomes for these admissions do not correlate well with outcomes for other admissions. (Patients with cancer who are admitted for other diagnoses or for surgical treatment of their cancer remain in the measure). 6. Admissions for primary psychiatric disease (see Table 4 in Section 2a1.9) Rationale: Patients admitted for psychiatric treatment are typically cared for in separate psychiatric or rehabilitation centers which are not comparable to acute care hospitals. 7. Admissions for "rehabilitation care; fitting of prostheses and adjustment devices" Rationale: These admissions are not for acute care or to acute care hospitals. Additionally, in the all-payer testing, we excluded obstetric admissions because the measure was developed among patients aged 65 years or older (approximately 500,000).

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Title	Plan All-Cause Readmissions	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
Additional Comment	The Alliance has spent time working on this specific measure and has added to it an additional component which looks at whether there was a follow-up outpatient visit in between the hospital discharge and the re-admission.	WA hospitals currently report on this measure as part of Hospital Compare.